

Whom to contact.

Fill in the following information for your agency.

Agency Name.....

Response team leader.....

Telephone.....

First Aid Team.....

Telephone.....

First aid kit location.....

Voice characteristics

☐ Loud ☐ Raspy ☐ Soft ☐ Pleasant ☐ Deep
☐ Nasal ☐ High ☐ Intoxicated

Speech patterns

☐ Fast ☐ Stutter ☐ Slow ☐ Distinct ☐ Lisp
☐ Distorted ☐ Slurred

Language use

☐ Poor ☐ Obscene ☐ Fair ☐ Profane ☐ Good
☐ Abusive

Accent

☐ ☐ Loud ☐ Foreign ☐ Racial
☐ Present but unknown ☐ Undetermined

Background sounds

☐ Office machines ☐ Trains ☐ Factory machines
☐ Voices ☐ Airplanes ☐ Music ☐ Animals
☐ Quiet ☐ Party ☐ Noise ☐ Traffic

Manner

☐ Calm ☐ Angry ☐ Rational ☐ Irrational
☐ Coherent ☐ Incoherent ☐ Deliberate
☐ Emotional ☐ Laughing ☐ Serious

Employee Information

Date

Your name

Your supervisor

Your section

Your office/room number

Your telephone number

Security/law officer

Talk to no one other than instructed by your supervisor.

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